

Iowa Department of Public Health Tuberculosis Control Program

LTBI Treatment Monitoring Flow Sheet

At least monthly all patients should have the following:

- Face-to-face evaluation. Routine lab testing is not generally indicated.
- Education about possible adverse effects of TB medications. If serious adverse events occur, advise patients to stop treatment, notify you, and seek medical care.

Patient Name (Last, First):							Date of Birth:					
Medication start date:			Anticipated stop date:				Ordering Clinician:					
Date:												
TB symptoms?: (i.e., weight loss, night sweats, prolonged cough, bloody sputum)			ts,									
Drug Key: INH= Isoniazid, RIF=Rifampin,												
SIDE EFFECTS	Poor appetite (INH/RIF)										
	Nausea/vomitir	Nausea/vomiting (INH/RIF)										
	RUQ abdominal tenderness (INH/RIF)											
	Tea/coffee colored urine (INH/RIF)											
	Unusual fatigue (INH/RIF)											
	Rash/itching (INH/RIF)											
	Yellow skin/eyes (INH/RIF)											
	Numbness/tingling in arms/legs (INH)											
	Fever for 3 days or more (INH/RIF)											
TEACHING	Need to notify	MD/nurse if side effects										
	Signs/symptom	ns of active TB disease										
	Avoiding ETOH	luse										
	Orange urine/te	ears normal (RIF)										
	Effect on horr	ect on hormonal contraceptives (RIF)										
	Importance cor	portance completing regimen										
	Importance of notifying provider if moving		ring									
DOSES	Adherence: # missed doses this month?											
	Medications dispensed/DOT											
	Total # doses taken this month/Week											
	Vitamin B6 Tak	en?										
Date of next health care appointment												
Nurse Initials												
Complete when closing case: Total # doses ingested: Total # months on therapy: Completed?* Yes No												

Documentation Key: Y= Yes, N= No, NA= Not Applicable, P= See Progress Notes on Back

^{*} To allow for minor interruptions in therapy, treatment for a 9-month regimen can be considered complete if 270 daily doses are ingested within 12 months; for 6-month regimen, 180 doses must be ingested within 9 months. If there is a break in medication of more than 2 consecutive months, the patient must be reevaluated, including a chest x-ray. If more than 3 month consecutive break, medications should be re-started (unless 6 months of medication has been completed, then there is no need to restart and the patient is considered to have completed therapy).